THE TRAINING OF NURSES FOR THE LARGER TOWNS AND SMALLER CITIES[1]

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In meeting the tuberculosis problem from its medical side, two very important problems present themselves for solution. One is: What can be done to so interest physicians in tuberculosis that they will equip themselves to make early diagnoses of the disease? The second is: How shall we obtain nurses satisfactorily trained to meet the requirements of the average community? One of these problems is quite as important as the other. The discussion of both is of the utmost importance because there is no immediate promise that either will be solved.

When anti-tuberculosis work was first established in the smaller communities, all of us, with our inherent deference to great cities, were of the opinion that metropolitan training would qualify a nurse for small-town service. This opinion was heartily concurred in by the metropolitan nurses themselves. A brief period of experimentation convinced us of the smaller communities that we were wrong. Nurses trained in New York, Boston and Chicago, unless they were women of remarkable intelligence and unusual adaptability, were not prepared to meet the problems of the larger towns and smaller cities. In the experience in my own town, it has usually required from three to six months of relative inefficiency for a city-trained nurse to adapt herself to our local conditions and even then, the six months not infrequently ended in disappointment not only to ourselves but to the nurse. This is not said in any way in criticism of the nurse, as a rule she has struggled splendidly against the inadequacy of her training and her failure has come as a very bitter pill.

But why should she have expected to succeed? She had been trained in a general hospital where, if my experience in hospitals has taught me anything, she had been instructed to obey directions unquestioningly. Her later experience had been in a general visiting nursing service or a tuberculosis nursing service where, if it was a good organization, she was fitted into a narrow groove, performing certain limited functions, with some one above her to do her thinking for her and to

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give her instructions. If, in the course of her work, she came upon a case requiring material relief; if she met with a family involved in legal difficulties; these cases were assigned, with no thought upon her part, to the associated charities and the legal aid society. If a patient needed hospital care, that was provided. If the tuberculosis sanatorium was required, that institution was at hand. A general dispensary and a tuberculosis dispensary were waiting to be of service. Whatever the agency of relief, the nurse was required to go no further than to recommend and her recommendations were not usually made to the relief agency, but to a supervising nurse who is herself a subordinate. In this way, the visiting nurse, in her work in a large city, does not come sufficiently close to the coöperating social agencies to learn anything of their methods of action.

Transplant this young woman to the average Illinois town, I am not talking about rural communities, and see what she is expected to do. Such towns can seldom employ more than one social worker. Very rarely, at any rate, can they start with more than one. There is perhaps no associated charities. There is certainly no legal aid society. There is probably no tuberculosis dispensary and no general dispensary. The health department upon which, in the larger city, she has grown to depend, is more than likely an entirely inactive organization. There are no superintendents of nurses and no supervising nurses. She is set down, quite unprepared, and is expected to be a community jack of all trades. No wonder she fails. No wonder the communities are disappointed in her. If she is conscientious, she is apt to go to pieces over her total inability to master her problems. If she is not conscientious, which, I regret to say, is at times the case, she soldiers on the job with inevitable disappointment to those who employ her and an inevitable set-back to every form of social work in that particular community.

Not infrequently those of us who are interested in supplying the smaller cities with competent nurses have experiences such as these: a prosperous Illinois county had struggled for two years for the money to employ a community nurse. The place was filled by a woman thoroughly trained in a large-city medical-social work who bore the highest credentials. At the end of just two weeks in the field, she wrote this to one who had been instrumental in securing the position for her:

> I am returning the article. What good is it to me in this wilderness of nowhere with nothing to do with? I think I like work where you can get some results. I am discouraged. If you have anyone who would like to take my place, send her on.

"The wilderness of nowhere" was a prosperous little city of 25,000. Picture the disappointment of these once-enthusiastic people. Picture the humiliation of the nurse. It is nobody's fault. It is the case of a square peg in a round hole and there seems to be no regular supply of round pegs to draw from.

In another instance, a nurse of extensive city experience was given employment in establishing visiting nursing in the capital city of a state on the borderline between north and south. At the end of three months, when she might have been beginning to understand her community problems, she wrote:

> I leave here next week. Never send anyone here or suggest them for a position in this particular state unless they are in the way. I have kept my word and have remained the three months that I suggested, but it has been very ugly. Inertia is characteristic of this locality and dirt, disease and shiftlessness meet one everywhere. Don't you know of anything worth while? I am disgusted and disillusioned with the work and you know that something is wrong when I feel that way.

Something certainly was wrong. Think of community inertia, with dirt, disease and shiftlessness meeting one everywhere, offered as objections to a location for real social service! Thousands of communities in the middle west, placid and self-satisfied towns, dragged down by civic inertia and abounding in dirt, disease and shiftlessness, are crying out for *women worth while.* Perhaps in this particular case, the fault lay with the individual nurse, but her long experience in a large city had certainly given her no inkling of what she would be required to do in meeting the problems of a city of ten thousand.

A few years ago, tuberculosis sanatoria were divided into those for the incipient and those for the incurable, ignoring to a great extent the large middle class of the moderately advanced for whom great good can be done. Fortunately, we are looking at things more sanely and this illogical division is fast disappearing, at the present time, however, in the nursing section of our work, we are on a line which promises to be as illogical as the old-time sanatorium division. We seem to be attempting to jump from the problem of the big city to the rural nursing problem, without adequate regard for the hundreds of smaller cities and big towns which make up so much of our national population.

We must remember that, while there are eight cities in the United States with population over 500,000, and 42 more with population ranging from 100,000 to 500,000, (or a total of 50 centers for tuberculosis work in cities of over 100,000), there are 203 cities of between 25,000 and 100,000 with their own peculiar problems, and 2280 with population ranging from 3000 to 25,000 with *their* own peculiar prob-

lems. That is to say, with 50 centers for nursing work in cities of over 100,000 there are 2483 centers in large towns and small cities, all of which will, sooner or later, require independent social and nursing service.

There is too much of a tendency to regard everything that lies outside of the large city as "country" or "rural." There is confusion in the minds of many social and tuberculosis workers in regard to rural and small city work. Rural work is no more like small city work than small city work is like metropolitan work,—and that is saying a very great deal.

In the September, 1915, "Bulletin" of the National Tuberculosis Association, there was announced an institute for tuberculosis workers to be held in New York, and designed to deal with executive and administrative problems. The idea was excellent, but in the published outline which, fortunately, was yet subject to modification, we find this division of work: First, for a large city; second, for a state; third, for counties and small towns and cities. Those who have had occasion to work outside of large cities will bear me out that small cities, large towns and rural communities can never be handled *en masse*.

And now, what shall we do for the 2500 small cities and towns which are beginning to cry insistently for competent community nurses? The problem is acute in Illinois. I believe it is acute elsewhere. What effort is being made at its solution?

Certain schools of civics and philanthropy, situated in the largest cities in the United States, hold out courses of training for public health nurses. The teachers and lecturers are drawn from the nursing, health and social organizations of these large cities. Usually these teachers have had little or no experience in smaller communities. The practical experience, or the "clinical experience," if you will, that is offered by these schools, is often in the suburbs of the great cities, those peculiar "satellite cities" described by Graham R. Taylor. City suburbs are no more like small individual cities than day is like night. Such training for small community work is hopelessly inadequate and yet, to my utter astonishment, social workers and nurses in large cities have been known to rebel at the very suggestion of this fact.

A short time ago, I had a talk with a man who, for twenty years, had been connected in an important way with the health department of a large city. He has since been made executive officer of the state board of health of an agricultural state. He said, "After twenty years in service, I believed that I knew public health work. Since I have left the city and have had to face the problems of the smaller towns and cities, I find that I have had to learn a new and different science."

The American Red Cross Town and Country Nursing Service has undertaken the training of nurses for smaller communities and, in a prospectus recently issued, has suggested the establishment of training stations in connection with colleges and educational institutions. So far as I know, at the present time the Red Cross is giving training only in New York and Boston and the practical work is said to be given in city suburbs. According to Edna L. Foley, in the AMERICAN JOURNAL OF NURSING, there are but five schools offering instruction for public health nurses; four in the east and one in Cleveland, the Ohio city being the smallest in which such instruction is given. If anything is more different than a great city and a country town, it is New England and the middle west. A nurse wonderfully effective in the milling suburb of Boston, or the manufacturing suburb of New York, may be wholly unfitted for the different people, the different conditions and the different state, county and municipal laws of the farming and soft-coal-mining community of Illinois.

Aside from the proposed plan of the American Red Cross, which contemplates work in connection with such an institution as the University of Michigan, situated in a small city, there seems to be little effort for the relief of the large town and smaller city except that being made by the Social Service and Nurses Training School of Atlanta, Georgia, which is the outgrowth of the local Anti-tuberculosis Association and which, this year, is engaged in training three nurses. And so I believe that I am quite safe in saying that this, one of the most acute problems of anti-tuberculosis work, is not met and is not likely to be met by our present methods of training.

The executive head of a school of social service recently told me that, in her opinion, the difficulty in obtaining satisfactory nurses for the smaller cities is largely a question of salary. I wish it were so simple a matter. To my certain knowledge, however, in Illinois there are more communities ready to pay good salaries than there are nurses ready to earn those salaries. Salary is not the answer.

A nurse in charge of public service work in a large city has assured me that nurses born in smaller towns are, by virtue of that fact, sufficiently familiar with the special problems of such communities. By the same logic, any person so fortunate as to be born in a house, is a qualified housing expert. There is unquestionably great advantage for the nurse seeking service in the smaller city, if she has lived for some time in such a community. She will, at least, be certain whether she likes town life or not. It is a hazardous matter, with all the odds against us, to employ for small city work a woman who has never lived or worked outside of a large city, but her small-town residence does not indicate

the woman's ability to meet the nursing and social needs of the community.

There is nothing to be gained in pointing out the defects in our present methods unless we can suggest a remedy. The remedy must take into consideration both the individual and the manner of training. Some exceptional women make good community nurses without any special training. Others will not make community nurses with all the training in Christendom.

The remedy I have to offer, and which I hope to see experimentally in operation in Illinois within a year, is a readjustment of the nurses' training, a little closer adjustment of the nurse-making machinery to the specifications and requirements of the job. In such a plan, the nurse may have her hospital training in any accredited hospital. It is greatly to her advantage if the hospital is one which supplies student nurses to local training or tuberculosis organizations or operates a social service department so that the young woman may have some conception of the practical side of social service early in her experience. It is also to the nurses' advantage if her preliminary general education is considerably in excess of that required by the average hospital. Successful social service, with its broad educational function, makes a higher intellectual requirement than ordinary private service nursing. Whether or not it will be of advantage for the nurse to seek connection with the visiting nurse or tuberculosis nursing service of a large city, is a matter of opinion. If she does not engage in metropolitan nursing as a preparation for smaller community work, it should be in a city in that part of the country in which she expects to carry out her life work.

Regardless of her large-city nursing experience, the nurse who proposes engaging in community work should have a course in public health nursing and social work in some good school of special instruction in a large city, and in her own part of the country: in a large city, because here she will find large groups of professional social workers and teachers gathered, representing all of the phases of work of which the intricate job before her is composed; in her own part of the country, so that she may not acquire those local and provincial views which have been the undoing of so many competent women.

We must not lose sight of the purely social side of the work, for this will constitute a very large part of what is required of the nurse in her chosen community. In fact, the nurse already well grounded in the medical side of her training may do well to devote herself almost exclusively, during this period of special training, to the social subjects ignored in her hospital and with which she has had little contact in her

restricted sphere in large-city visiting nursing. She may wisely acquaint herself with charities, delinquency, housing, probation and similar subjects to the exclusion of the medical phases of her work.

Nurses, and even those engaged in the training of social service nurses, do not seem to realize the preponderance of social requirement over nursing requirement in many communities. In a group of distinguished social students and medical-social experts, I have heard it seriously debated whether the one community worker should be a nurse with social training or a social worker with some medical training and the question was by no means settled.

So far, the training of the community nurse may have been very satisfactorily and very properly confined to the large city, but the nurse who contemplates work in the large town or the smaller city, should supplement her training by a period of at least one or two months in a community of moderate size where reasonably efficient social work is being done. She should do this to become conversant with the methods employed, with the peculiar problems of the locality and the workings of the various agencies already in the field. She must learn small-city dispensary methods, so that she may be able not only to assist, but that she may tactfully exert influence in case she goes into a field where modern dispensary methods are not familiar to the local medical men. She must learn something of case histories and dispensary records for, in the smaller places, these details are frequently left to her and the dispensary is the very center of her activity. The adoption of large-city dispensary records and forms rarely proves successful in the smaller community. I have known of one nurse revolutionizing the methods of tuberculin tests and of the preparation of tuberculin dilutions in a small city dispensary, by tactful suggestions made at the right time to her medical staff.

The nurse must go further and learn much of the details of organization, of associated membership and financing. Community work is often started as a matter of impulse. The second year is the hard pull. The work often goes to pieces unless the nurse can become executive officer or can intelligently guide someone else in that important work. It is readily admitted that the nurse should not be burdened with these things; but the nurse who entirely ignores Red Cross seals at Christmas may face a depleted treasury by Easter. I have heard one nurse explain her indifference to these matters of organization with the remark: "It is the community's problem, not mine." She had been employed to perform a technical job with the details of which the community was not conversant. Her remark was false, foolish and fatal to her work.

The nurse, before she goes to live in a smaller city, should become accustomed to small town neighborliness, goodness, smallness and gossip and must acquire that brand of tact necessary in the community where the moth-eaten patient addresses the dispensary physician as Jim or Bill by virtue of schoolday acquaintance. She must learn that, in the smaller town, a dispensary practice is as hard to build up as a private *clientele* and must be handled with the utmost discretion. She must learn that social view point and knowledge of social affairs are not the exclusive holdings of great centers of population. With our present enlightenment, I doubt if the average nurse can enter upon her work in any small town without finding there some person or persons with quite as intelligent social ideas as her own. Many competent nurses and social workers have impaired their work in smaller communities through failure to recognize this simple fact.

The community nurse must learn how to finance her own relief work when her organization's treasury will barely meet her own salary. She must coöperate with the associated charities as far as she can, but she must not expect to find in the associated charities a counterpart to the great systematic organization she has known in the large city.

In her month or two of "clinical training" in such a field, the nurse cannot master all of the community problems. She can learn something of what they are, however, and she will find them as different from large city problems as east is from west, and yet quite as definite and real. She can learn what is going to be expected of her and she can gain valuable information from the competent nurse who has gone through the mill and who is making good in spite of adverse conditions. That pioneer nurse can give her concrete facts not to be found in text-books and not to be learned from any school of social service. In her month or two, she should learn the workings of the local health department; she must meet the overseer of the poor and learn how to work with this eccentric autocrat of public bounty; she must see the small city juvenile court in action and must see the probation officer on the job. She must visit the county jail and the city prison; she must become acquainted with the almshouse and other public institutions; not as they are in large cities, not as they are in theory, but exactly as they are in the smaller communities of her state and section. She must learn something of small-city housing problems and the common crying abomination, shallow wells and privy vaults and other sanitary evils held in common by small cities and rural communities.

When this program was first suggested, someone offered the objection that the agencies engaged in the work in such communities are not ideal, that they do not offer models for the nurse to follow;

the methods employed are imperfect; they are rarely modern or scientific. This is all true, but these agencies, faulty as they are, are the agencies with which the nurse will have to work when she enters her own field or endeavor. The conditions are probably bad; but there has been some intelligent effort at their improvement made by the workers already engaged in the field. A spotless town would teach the nurse little. She is going into pioneer work and she must first learn to blaze the trail and fell her first tree. The medical student learns more from one patient in the throes of his disease than from a thousand who have fully recovered.

This month or two of community experience should be carried out, if possible, under the supervision and guidance of persons of broad training in the essentials of nursing and social work and with special knowledge of community conditions and sane community methods. The ideal solution of the problem would be the establishment of training stations in communities in which good social and medical-social work are being done by established social and nursing schools, these schools to retain supervision over the instruction given. Experience indicates that, if the training is given under such a plan, two points must be given special consideration: the experience must be gained in the same general community in which the nurse expects to be employed and the teachers having to do with the actual training or the general supervision must have adequate practical knowledge of small city problems.